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ABSTRACT

This guide is the introductory volume for the second in a series of instructor-assisted training modules for rehabilitation counselors, supervisors, and graduate students. This trainer's guide for the second module focuses on the counseling skills needed for rehabilitation of the severely disabled and provides the trainer with the information and exercises to teach information collection, diagnostic information processing and client involvement in rehabilitation planning. Corresponding to phases of the rehabilitation process, the goal setting skills to be taught are identified as: (1) acquiring necessary knowledge during the intake interview and from medical evaluations; (2) planning psychological and vocational evaluations for the severely disabled; (3) processing client evaluation data; and (4) setting goals with the client. The format for the presentation of each phase is described in terms of a clarification of purpose, guidelines, and practice exercises. Appendix A presents a case study typescript for a tape/slide presentation. Appendix B contains a trainer evaluation form for participants. A conclusion section summarizing the module and a list of recommended readings are also included. (MCF)

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Advanced Facilitative Case Management Series
Training Package II

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Goal-Setting: Guidelines for Diagnosis and Rehabilitation Program Development

Trainer's Guide

Richard T. Roessler **Stanford E. Rubin**

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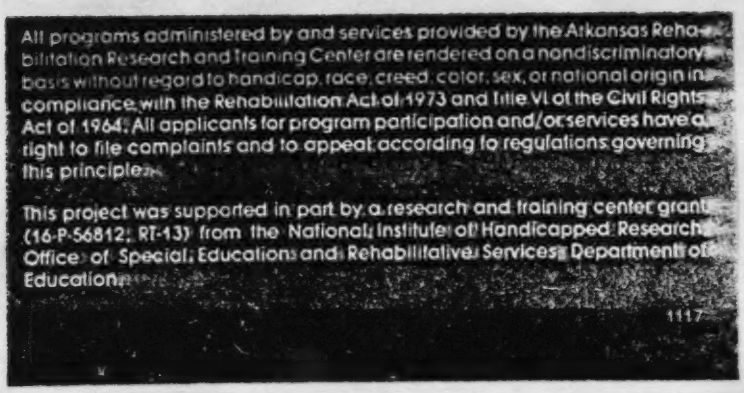
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Foreword

The Goal-Setting Training Package teaches the following skills: information collection, diagnostic information processing, and program development. These three rehabilitation counselor skills play a significant role in the rehabilitation of the severely disabled.

The development of this package was no simple task. A tremendous amount of support and consultation were received. In fact, so many people reviewed the material that it would be most difficult to list each person's name. However, we are particularly indebted to a number of Region VI rehabilitation personnel who served on "user review teams" and provided input and suggestions from the trainer's viewpoint as well as the practitioner's viewpoint. Among these were:

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Richard T. Roessler
Stanford E. Rubin

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Instruction To Trainers

Instruction To Trainers

The Goal-Setting Training Package

The Goal-Setting Training Package consists of:

1. A Trainer's Guide
2. Participant's Workbook
3. Case Study File
4. Tape/slide presentation

Trainer's Guide: Contains the narrative which the instructor may read or paraphrase in order to present the training program. It should be used in conjunction with the Participant's Workbook.

Participant's Workbook: Contains all of the forms and training aids which participants use during the workshop.

Case Study File: Contains a case study which is used in training activities.

Tape/Slide Presentation: Introduces the client whose case will be studied throughout the training.

The package provides the information and exercises needed to teach diagnostic, information processing, and goal-setting skills. However, the instructor may wish to add examples and training aids or modify some of the activities to fit his/her teaching style and/or time considerations.

Workshop Schedule

Although it is structured to allow for varying training schedules, the training program should be presented in its entirety. For inservice training, the instructor and the trainees should meet on consecutive days (approximately two days) until all the instructional modules have been covered. If used for university training, the program phases can be covered in a series of training sessions. Approximately 16 hours of instruction are required.

Number of Participants

Because of the nature of some of the activities, the program does not lend itself to large group instruction. Group size should be restricted to a maximum of fifteen participants.

Participant Selection

The program was designed specifically for rehabilitation field counselors. However, rehabilitation supervisors who wish to have a "model" for reviewing their counselors' cases should find the training beneficial. Students in Rehabilitation Counselor Education Programs would also benefit from the program.

Classroom Setting

To facilitate use of training materials, participants should be seated around a conference table. The room should also be large enough to allow participants to spread out during the small group exercises. To provide information and encouragement, the instructor should circulate among the small groups while they are doing training exercises.

Group Discussion

Facilitate trainee participation in group discussion during the training program.

Equipment Needed

Participants will need pencils or pens. Other equipment needed includes a chalkboard and chalk, tape recorder, and slide projector.

Handling of Participant's Workbook

After the workbooks are distributed, participants should refrain from moving ahead of the page currently under discussion. Participants should leave workbooks in the classroom whenever class is not in session. Participants should keep their Workbook and Case File at the conclusion of the program.

Ordering Materials

Order forms for all materials of the Goal-Setting Training Package may be obtained by writing:

Director of Training
Arkansas Rehabilitation Research and Training Center
P.O. Box 1358
Hot Springs Rehabilitation Center
Hot Springs, AR 71901

Introduction to the Goal-Setting Training Package

Goal-Setting - A Training Package within the Facilitative Case Management Model

The role of the rehabilitation counselor has been the object of controversy for almost twenty years. Some have described him/her as a counselor. Others have described him/her as a coordinator. Still others identify with the counselor-coordinator position. If the focus is restricted to counselors employed by state rehabilitation agencies, much of this controversy can be resolved on the basis of job demands. Observation of the vocational rehabilitation process described in Rubin and Roessler (1978) as well as the results of Emener and Rubin's (1980) rehabilitation counselor role and function research makes it clear that the state agency rehabilitation counselor must be both an effective counselor and an effective coordinator.

Overall, the research on rehabilitation counselor role and function suggests that the counselor must be:

1. An effective interviewer
2. An effective diagnostician
3. An effective goal-setter
4. An effective coordinator

The Facilitative Case Management Model attends to all four areas through three instructional training packages. They are:

1. Intake Interview Skills for Rehabilitation Counselors
2. Goal-Setting: Guidelines for Diagnosis and Rehabilitation Program Development
3. Systematic Caseload Management

The three training packages teach the following case management skills:

1. Caseload management: workload planning, time management, and progress reviews
2. Relationship building
3. Intake interviewing
4. Arranging for diagnostic services
5. Diagnosis of client problems and rehabilitation needs
6. Goal-setting interviewing
7. Goal monitoring

Origin of the Goal-Setting Training Package

Page 3 in the Participant's Workbook

The need for the Goal-Setting Training Package emerged in a large study of rehabilitation entitled, "Client/Counselor Interaction, Patterns of Service, and Client Outcome." Data were collected on over 100 counselors working with over 1000 clients from 13 different rehabilitation agencies across the nation. Results of the study indicated a wide divergence in goal-setting skills within the discipline of rehabilitation counseling. Hence, a comprehensive goal-setting training program would be of great value to many practicing rehabilitation counselors. Specific skill areas were selected for the training package on the premise that the rehabilitation counselor must serve as:

1. **An effective diagnostician** - The rehabilitation counselor must gather and process a large amount of information on the client. This information, which can come from either the client or other sources, should be used to determine client eligibility and an appropriate rehabilitation plan with the client.
2. **A facilitator of client goal-setting via the interview** - The rehabilitation counselor must be able to help the individual with a disability set appropriate rehabilitation goals in physical, psychosocial, educational-vocational and economic areas.
3. **An effective goal-attainment monitor** - The rehabilitation counselor must encourage and measure the attainment of intermediate and long-range rehabilitation objectives.
4. **An efficiency expert** - Big caseloads and the need for closures demand that the rehabilitation counselor carry out the three roles listed above in an efficient manner.

Overview of the Goal-Setting Package Training Approach

Page 4 of the Participant's Workbook

The rehabilitation process is comprised of four stages: **Evaluation, Planning, Treatment,** and **Termination.**

Since it is directed at sharpening the rehabilitation counselor's diagnostic and planning skills, goal-setting training focuses on the first two stages of the rehabilitation process; evaluation and planning (statuses 00 through 10).

Specifically, the training presents a five phase evaluation process followed by a one phase planning process. The five steps of the evaluation process and the planning step, as they relate to the six training phases, are presented on page 4 of the Participant's Workbook.

Page 4 of the Participant's Workbook

Steps in the rehabilitation process are presented in the column on the left; phases of the goal-setting training are presented in the column on the right. Each training phase includes:

1. Purpose of phase
2. Guidelines for effective counselor behavior
3. Practice exercises

By developing diagnostic information processing, and goal-setting skills, the goal-setting training package provides basic training for client eligibility determination and client/counselor involvement in the Individualized Written Rehabilitation Program. Completion of training should result in greater trainee ability to develop (a) a thorough diagnostic profile of the client, (b) personalized and realistic vocational objectives with clients, and (c) the steps clients must take in the counseling, restoration, and training areas to attain their vocational goals.

Introduction to the Goal-Setting Training Package

During the evaluation process, the rehabilitation counselor must develop a comprehensive diagnostic understanding of the client. The counselor must know how physical, psychosocial, educational-vocational, and economic factors affect the probability of successful rehabilitation. Table 1 lists important diagnostic questions in these areas which must be answered before moving to program development with the client.

See Table 1 on Pages 5-6 of the Participant's Workbook
Give participants a few minutes to read Table 1

The scope of Table 1 indicates the amount of data needed to understand the vocational potential of the client and to identify required rehabilitation services. Data pertinent to the questions on Table 1 can be gathered from the (1) intake interview(s), (2) medical evaluation, (3) psychological evaluation, and (4) vocational evaluation. However, since the questions on Table 1 are diagnostic in nature, they often require the counselor to integrate information from more than one of those information sources. None of the questions on Table 1 can be answered by the client.

Table 1 can be used as a guide for determining the adequacy of diagnostic information for program planning. The use of Table 1 for that purpose can be illustrated through an examination of the diagnostic information summary for Shirley Steed found on pages 7-10 of the Participant's Workbook.

> Explain to participants that Shirley is one of the clients used for example purposes in the training. Shirley is introduced at the beginning of the training in the Table 1 exercise, later on in the training to demonstrate guidelines regarding psychological evaluation and, finally, at the end in an application of the rehabilitation plan interview aids. The other client used extensively in the training package is Melinda Bracken. Melinda's case is used to illustrate the guidelines for medical, psychological, and vocational evaluation and information processing.

Critique of Diagnostic Summary of Shirley Steed

Ask participants to use the questions on Table 1 to critique the sufficiency of the information in each of the four sections of the summary prepared by Shirley's counselor. Have participants read the first section of the summary (physical factors) and then list the Table 1 questions that have been overlooked or inadequately covered, and why that information should be available prior to program planning. Then lead the total group in a discussion of the following questions:

1. What questions on Table 1 are inadequately covered in the Diagnostic Summary?
2. Why is this information needed for the IWRP?

Repeat the above procedures for each section of Shirley's summary.

Comments on Critique

Note to Trainer:

Unanswered questions on Table 1 and the reasons for the information are presented in the material to follow. Add to this list any new relevant questions which participants suggest during group discussion.

Physical Factors

1. How does the disability handicap employment potential?

   Reason Important

   Information regarding the prognosis for Shirley's emphysema is needed in order for the counselor to establish feasibility for rehabilitation services.

2. Which physical restoration services are needed to reduce the handicapping effects of the disability?

   Reason Important

   The counselor must have information on necessary medical services for emphysema in order to make arrangements for appropriate medical care.

Psychosocial Factors

1. To what degree has the client adjusted to the handicapping aspects of the disability?

   Reason Important

   The counselor needs this information in order to arrange for appropriate psychological services and to determine whether Shirley is likely to terminate her rehabilitation program due to depression.

2. What psychological services are needed to overcome personal adjustment problems?

   Reason Important

   While the psychologist indicated that counseling is necessary, more specificity is needed as to type of psychological services, e.g., personal counseling, relaxation training, and stress management training.

3. Why services are needed to improve the client's family situation?

   Reason Important

   Shirley may require family counseling services.

Educational-Vocational History Factors

1. What vocational skills does the client currently possess?

Reason Important

The counselor must gain a clear picture of Shirley's existing and/or potential vocational skills in order to select appropriate vocational training and placement objectives.

2. Has the client developed avocational skills that have vocational relevance?

Reason Important

Avocational skills have relevance for selecting vocational training and placement possibilities.

Economic Factors

1. Can the client manage personal finances?

Reason Important

Shirley will have to get her financial affairs in order in the near future if she is to complete a vocational rehabilitation program.

In review, Goal-Setting Training improves a participant's ability to develop a thorough diagnostic foundation for the IWRP and to involve the client in program development. By collecting data through the intake interview, the general and specialty medical and psychological examinations, and vocational evaluation, the counselor assembles the information necessary to answer the questions on Table 1. Answering these questions involves the counselor in information processing which results in a diagnostic summary of the client. This summary is the foundation for goal planning with the client.

Another perspective on Goal-Setting Training is presented in the Crux Model (page 11 of the Participants Workbook). During the evaluation phase, the counselor must collect diagnostic information in the key areas in row one (physical, psychosocial, educational-vocational, and economic). This information is then analyzed by the counselor in regard to the rehabilitation services (counseling, restoration, training, placement, and economic) needed to accomplish a vocational objective. Processing diagnostic and service information will suggest that some vocational objectives are more feasible than others for the client (row three). Having gathered and processed all of this client information, the rehabilitation counselor is now well prepared to involve the client in a similar process. Client/counselor mutual involvement in planning should result in agreement on a feasible vocational objective as well as on necessary intermediate objectives and rehabilitation services.

Training in each of the steps portrayed in The Crux Model is presented in the six phases to follow:

1. Acquiring necessary knowledge during the intake interview
2. Acquiring necessary knowledge from medical evaluation
3. Planning psychological evaluation for the severely disabled
4. Planning vocational evaluation for the severely disabled
5. Processing client evaluation data
6. Joint counselor/client rehabilitation planning

We are now ready to move to the first training phase which focuses on the intake interview.

Phase I

Acquiring Necessary Knowledge During the Intake Interview

Acquiring Necessary Knowledge During the Intake Interview

Purpose of Phase I

Evaluation information on any client can be obtained through at least four sources: (1) the intake interview(s), (2) medical evaluation, (3) psychological evaluation, and (4) work evaluation. The intake interview, the initial source of client data, should yield a sufficient social-vocational history of the client. With that in mind, the purpose of the first training phase is to describe the aspects of the client's social-vocational history which can be collected in the intake interview.

Guidelines for Effective Information Collection in the Intake Interview

Page 15 in the Participant's Workbook

1. Review the client's tentative vocational goals and plans during the intake interview in terms of the following questions:
   a. Does the client have a specific vocational objective?
   b. Does the client have more than one potential vocational goal?
   c. How optimistic or pessimistic is the client about his/her ability to achieve each vocational goal?
   d. Is the client interested in vocational training?
   e. Is the client interested in any specific type of vocational training?

2. Collect a comprehensive social-vocational history during the intake interview which covers physical, psychosocial, educational-vocational, and economic factors.

Elaboration by Trainer

Direct Trainees to Table 2 on Pages 16-17 in the Participant's Workbook

An effective intake interview should provide answers to the questions found on Table 2. However, the counselor does not need to ask the client directly the questions on Table 2. The answers to most of those questions can be obtained by facilitating client self-exploration during the intake interview. Of course, to complete a diagnostic picture of the client, the counselor must draw on assessment information from a number of other evaluation sources (physicians, psychologists, and work evaluators).

3. Collect relevant information only.

Elaboration by Trainer

Information should only be collected if it increases the rehabilitation counselor's ability to draft an effective rehabilitation plan. Why, for example, ask a client with an allergy to perfume if she would enjoy working as an Avon lady?

Direct Trainees to the Example on Page 15 of the Participant's Workbook

Practice in Applying Phase I Guidelines

The exercise in Phase I enables participants to critique an intake interview summary using the model provided in Table 2 (see pages 16-17 of the Participant's Workbook).

Exercise. Play the tape-slide presentation (see Appendix A of the Trainer's Guide for the typescript) of Melinda Bracken's intake interview for the group. Following that presentation, have participants divide into groups of three. Have each group review the intake interview summary for the Case of Melinda Bracken (see Melinda Bracken's case file) and respond to the question on page 18 of the Participant's Workbook. After they have completed the task, reconvene as a total group to discuss the sufficiency of the intake interview with Melinda Bracken.

Some possible responses from the trainees for Question 1 of this exercise would be:

Important Unanswered Questions	Why Important
1. Is the client taking any medication for her arthritis with potential side effects?	1. Relevant for adjustment to training or work.
2. Are there any recent medical test results available on Melinda regarding her arthritis?	2. Relevant for eligibility determination.
3. What minimal level of earnings would the client consider?	3. Relevant for vocational planning.

Phase II

Acquiring Necessary Knowledge from Medical Evaluation

Acquiring Necessary Knowledge from Medical Evaluation

Purpose of Phase II

Medical information collected during the second stage of the evaluation is needed for eligibility determination and goal planning. Medical evaluation establishes the type and extent of vocational handicap. The purpose of this training phase is to teach guidelines for medical referral that will increase the likelihood of receiving functional medical reports from examining physicians.

Guidelines for Effective Medical Referral

Page 21 of Participant's Workbook

1. Refer the client to an appropriate physician for the medical evaluation.

Elaboration by Trainer

An appropriate physician would be one who has treated the client and/or who is very knowledgeable in regard to the existing disability(s) (Rubin & Roessler, 1978, p. 136). If the client has been referred by a physician, the counselor should consider the feasibility of using that physician for the general medical. In the case of the severely disabled, the appropriate physician will usually be a specialist.

2. Inform examining physicians of any tentative client vocational objectives.

Elaboration by Trainer

If they are to assess the vocational significance of the client's existing and potential physical functioning, physicians must have information regarding the client's vocational goals (Rubin & Roessler, 1978, p. 137, based on McGowan & Porter, 1967, p. 61).

3. Provide the examining physician with relevant medical and social-vocational history information on the client.

Elaboration by Trainer

The physician should be provided with relevant medical records which include records of hospitalizations that occurred in the last 6 to 8 months (Rubin & Roessler, 1978, p. 137). He/she should also be provided with a brief social-vocational history of the client.

4. Make clear to the physician the type of feedback needed on the client.

To be more specific, the counselor should request the following from the physician:

a. A description of the client's general health at present: vision, hearing, heart, lungs, circulatory system, genito-urinary region.

b. A description of the extent and stability of the existing disability(s).

c. A clear statement of recommended medical treatment and the appropriate source and/or location of that treatment.

d. A clear statement on the client's prognosis (with and without treatment) as to: (1) improvement in physical condition, (2) longevity and general health, and (3) work capacity (in a physically active job).

e. A clear statement on the present and future implications of the disability with regard to "basic job motions and activities, such as bending, stooping, lifting, standing, working on ladders, carrying heavy objects, etc." (Allan, 1958, p. 100).

f. A clear statement on the present and future implications of the disability regarding conditions in the work setting (e.g., allergens, fumes, dampness, heat, cold, etc.).

g. A clear statement of the effects the person's medication could have on work performance.

h. "A report of the presence of any residual medical conditions that, if left untreated, could affect the individual during the rehabilitation process" (Rubin & Roessler, 1978).

i. A determination as to whether referral to another specialist is necessary.

Elaboration by Trainer

Ask trainees if there are any other types of information which should be requested from the examining physician.

5. Ask the examining physician to discuss recommendations for medical treatment and expectations for recuperation with the client.

Elaboration by Trainer

Clients have many questions that only the physician can answer. Rather than have to interpret the physician's findings, the counselor should encourage the client to ask the physician any questions regarding treatment and recuperation. If necessary, the counselor can even tell the client what to ask before leaving the doctor's office.

Practice in Applying Phase II Guidelines

The exercise in Phase II enables the trainee to practice developing medical referral questions for a physician.

Exercise. Have the participants divide into groups of three and re-read the intake interview summary for Melinda (see Melinda's case file). Ask each group to develop a list of medical questions on Melinda that they would like to be able to answer from the reports of physicians such as a rheumatologist and an internist. Once each of the small groups has completed the exercise, develop in the large group a model set of unanswered medical questions to compare with page 27 of the Trainer's Guide. Point out that rehabilitation counselors have a right to expect the physician's report to answer many of their unanswered medical questions. Then have the group read the model medical report on Melinda (see Melinda's case file). Ask the group:

a. whether the report provides the information needed?
b. how the report on Melinda compares with the ones they receive?
c. what they can do to improve the evaluation report received from physicians?

Facilitate Discussion

Sample List of Unanswered Medical Questions on Melinda

Pertaining to Diabetes

1. Is it possible to control the client's diabetes?
2. Is the diabetes likely to get worse? If yes, at what rate?
3. In your opinion, is the client's current high blood sugar level related to failure to adhere to dietary regulations?
4. Is it essential that the client have a regular schedule?
5. Would there be any reason (stress, medical limitations, etc.) why the client would not be able to work eight hour days, forty hour weeks, etc.?
6. Is there any reason to delay placing the client on a job until the client's diabetes is controlled?
7. Can complications from the diabetes be expected in the near future?

Pertaining to Rheumatoid Arthritis

1. Are there any current indications that the disease is in the active stage or beginning to move into the active stage?
2. To what extent is the client's joint range of motion restricted in her hands?
3. Can the range of motion in the client's hands be increased by orthopedic surgery and/or physical therapy?
4. How far can the client walk at any one time without getting excessively fatigued?
5. How long can the client stand without getting excessively fatigued?
6. Are there any work or daily living activities which the client should avoid?
7. Will the client experience additional joint damage that will further limit the function of the involved joints or, for that matter, any additional joints?

Phase III

Planning Psychological Evaluation for the Severely Disabled

Planning Psychological Evaluation for the Severely Disabled

Purpose of Phase III

Psychological information is needed in some cases for eligibility determination (mental retardation and emotional disturbance) and in other cases for a better understanding of the client's intellectual and psychosocial functioning. The purpose of this training phase is to present guidelines for making referrals to the psychologist and for utilizing the resulting information in case planning.

Guidelines for Effective Use of the Psychologist

Page 25 of the Participant's Workbook

1. Screen clients carefully for psychological evaluation.

Elaboration by Trainer

Psychological evaluation is not suggested for every client. For example, clients who have a positive work history and who intend to return to their previous job upon completion of rehabilitation services, principally, medical services, usually do not need a psychological evaluation. Some clients may be so uncooperative and negative regarding psychological testing that it would be counterproductive to send them to a psychologist until they are able to see psychological testing more favorably.

Psychological evaluation is suggested when personal adjustment problems are suspected which must be documented for service eligibility purposes and/or for assessing the fit between the client's stress tolerance capacity and the environmental press demands of specific vocational roles. The psychologist can also provide assessment results on client aptitudes and interests that can help determine appropriate vocational choice alternatives.

2. Select your consulting psychologist wisely.

Elaboration by Trainer

A good rule of thumb for selecting a consulting psychologist would be to choose an individual who:

1. Has worked with the disabilities in question.
2. Has an understanding of the environmental demands as found in a variety of work settings.
3. Is capable of deviating when necessary from norm-based standardized assessment to criterion-based clinical assessment for purposes of deriving accurate conclusions regarding client potential.
4. Will concretely respond to your referral questions, i.e., will refrain from responding to you primarily with abstract diagnostic terminology.

3. Properly prepare the client for referral to the psychologist. Topics to be discussed include:

a. Why psychological evaluation is needed.
b. What experiences will be involved.
c. What information will result.
d. Where, when, and by whom the evaluation will be conducted.
e. How long the evaluation process will last.
f. What transportation arrangements must be made.
g. Who will pay for the evaluation.

Elaboration by Trainer

Ask trainees if there are any other topics which should be discussed.

4. Provide specific information about the client's social history, medical history, and vocational objectives to the consulting psychologist.

Elaboration by Trainer

The psychologist should be provided with a brief summary of the rehabilitation counselor's knowledge of the client in the following areas:

Physical - history of client's disability, previous treatment, current medication, and recent medical test results.

Psychosocial - history of psychological problems, previous treatment, current medication, and quality of relationships with family and friends.

Educational-vocational - number of years of education, subjects liked and disliked, previous vocational training, past jobs, and type of work liked and disliked in the past, current vocational interests.

Economic - level of earnings desired, current financial situation and sources of support, current and anticipated debts due to disability or other reasons, other sources of support such as Social Security or Workmen's Compensation (Maki, Pape, & Prout, 1979; Rubin & Roessler, 1978).

5. Provide the psychologist with specific referral questions. Examples of questions by area of focus are:

Physical functioning

a. Are organic-based client learning disabilities present which can be treated through remedial education services?

Psychosocial functioning

a. Is there evidence of any diagnosable emotional disorder?

b. Are personal adjustment problems present that if left untreated could block the achievement of vocational rehabilitation, e.g., inability to:

Use leisure time effectively.
Manage personal finances.
Maintain an adequate housing situation.
Use public transportation.
Secure adequate medical services.

c. Are there any negative factors in the client's familial-social environment that could interfere with vocational rehabilitation, e.g., unrealistic parental expectations, antisocial or asocial role models, etc.?

d. To what degree would the client's anxiety level be a consideration in the selection of a work setting?

e. Does the client have the necessary social skills to adjust in a competitive work environment?

Educational-vocational skills

a. Does evidence of mental retardation exist?

b. What aspects of the client's intellectual functioning should be considered in rehabilitation planning, e.g., does the client's intellectual capacity suggest limits on the level of vocational training?

c. Are client vocational aspirations compatible with intellectual capability and vocational interests?

Elaboration by Trainer

Given the proper orientation to the client's background and the proper referral questions, the consulting psychologist can provide invaluable information to the counselor. Hence, preparation for the referral on the part of the counselor is a must. Information gained from the psychological evaluation can be combined with intake and medical data to determine whether any questions remain which would require a more lengthy vocational evaluation.

6. Expect a functional psychological evaluation report from the examining psychologist.

Elaboration by Trainer

The psychologist's report should be written in concrete terms. Although psychological evaluation may initially focus broadly on the way in which the client's strengths, weaknesses, conflicts, and defenses affect personal functioning (Rennick, 1975), it must eventually specify the extent to which the client can meet the interpersonal and intellectual demands of various vocational roles. In profiling client functioning, the psychological report should describe potential problems that the client will have in adapting to work in general and to specific work roles mentioned by the client or counselor. Therefore, the psychological evaluation should provide leads regarding the "goodness of fit" between client characteristics (aptitudes, interests and personality factors) and situational demands in the world of work. The report should also contain recommendations for any necessary rehabilitation services (e.g., family therapy, work adjustment training, psychotherapy, etc.). To be an intelligent consumer of psychological reports, the rehabilitation counselor must have sufficient understanding of the evaluation procedures used, their reliability and validity, as well as the type of norms used for judging client performance. (For information on commonly used psychological measures, refer participants to Appendix A in the Participant's Workbook).

Practice in Applying Phase III Guidelines

Exercises in Phase III concentrate on requesting and using the psychological evaluation. In Exercise 1, participants write referral questions for the psychologist for the case of Shirley Steed. Exercise 2 presents the psychological report for Shirley which participants are to critique based on the principles in Phase III and on the optimal set of referral questions previously written for Shirley.

Exercise 1. Ask participants to divide into groups of three and review the profile of Shirley Steed (p. 26 of the Participant's Workbook). Each group should then write a brief list of referral questions for the psychologist to consider during his/her evaluation of Shirley (p. 26 of the Participant's Workbook). After participants have developed their lists, divide the chalkboard into columns labeled physical, psychosocial, and educational-vocational. Ask participants to suggest questions from their lists for each area. (Participants will probably have few, if any, questions to list in the physical area for Shirley Steed). As you write each question on the board, discuss its relevance for vocational planning with Shirley.

Comments on Exercise 1

Potential questions which the group might raise are provided in the list to follow. Present and discuss any of these questions which the group has overlooked. Space is also included for you to add any new questions resulting from group discussion.

Psychosocial

1. Does Shirley have an identifiable emotional disorder? If so, what?
2. How will Shirley cope with the stresses of office work?
3. What conditions precipitate Shirley's tension and depression?
4. Is Shirley too disturbed at the moment to work? If so, how long will it be before she is ready for work?
5. Does Shirley see herself as able to upgrade her clerical skills and work successfully in an office?
6. What type of treatment is suggested for Shirley's anxiety and depression?

Educational-vocational

1. Does Shirley have the intellectual capacity for clerical work?
2. Are Shirley's aptitudes compatible with the skills demanded for office work?
3. Are Shirley's vocational interests consistent with office work?

Exercise 2. Ask participants to reassemble in their groups of three and read the psychological evaluation for Shirley (pages 27-28 of the Participant's Workbook). Ask each group to review the list of referral questions from Exercise 1 and determine whether the questions are answered in the psychologist's report. Ask participants to list any unanswered questions on page 29 of the Participant's Workbook. Then develop a list of unanswered questions for the total group.

Comments on Exercise 2

Participants may suggest that the following questions need to be answered more clearly by the psychologist:

1. Is there any relationship between the emphysema attacks and certain types of stress?
2. Is Mrs. Stead currently capable of full-time work?
3. Is a measure of intelligence such as the Wechsler Adult Intelligence Scale needed in addition to the GATB?
4. What would be the proper type of sequencing of psychological treatment services?

Phase IV

Planning Vocational Evaluation for the Severely Disabled

Planning Vocational Evaluation for the Severely Disabled

Purpose of Phase IV

Based on the intake interview, medical examinations, and psychological reports, the counselor can substantiate both a disability and a handicap for some rehabilitation clients. However, because they have such complex problems, many severely disabled clients must participate in vocational evaluation to determine feasible vocational goals. The purpose of Phase IV is to present guidelines for vocational evaluation.

Guidelines for Effective Use of Vocational Evaluation

Page 33 of the Participant's Workbook

1. The goal of vocational evaluation is to further determine what the person likes to do and what the person can do.

Elaboration by Trainer

For some clients, information from the intake interview, medical evaluation, and/or psychological evaluation is sufficient for rehabilitation planning. For others, vocational evaluation is needed to help determine what the person likes to do and what the person can do.

2. Some clients should be provided physical restoration services prior to work evaluation.

Elaboration by Trainer

For some individuals, medical results will indicate that restoration services could increase the client's physical capacity. Increases in physical capacity can lead to increases in the types of jobs that would be feasible. Hence, certain medical services should be provided before attempting to determine appropriate client-job matches in vocational evaluation.

Ask participants:

a. If Melinda would require medical services before moving to vocational evaluation.

b. If they would write an extended evaluation plan on Melinda. Why or why not? What difficulties, if any, would arise if Melinda were placed in extended evaluation?

Participants will generally agree that Melinda requires physical restoration services before moving to vocational evaluation. She needs surgery on her hands and orthopedic shoes. Hence, an extended evaluation plan should be written on Melinda. The counselor will need to explain carefully the purposes of extended evaluation so that Melinda does not become impatient and drop out of services. Point out that many clients require reconstructive services before it is feasible to consider placing them in vocational evaluation. These services must be completed and the individual must be stabilized before meaningful results are possible from vocational evaluation.

3. Severely physically disabled clients should be referred to a vocational evaluation unit to determine the work tasks they can physically negotiate.

Elaboration by Trainer

Once a client's physical functioning has been restored to as high a level as possible, he/she could be referred for vocational evaluation via standardized intelligence tests, manual dexterity tests, and work samples. Such a referral would be very appropriate for two types of clients, (a) those with established work histories who are incapable of returning to any previous occupations or (b) those for whom it is difficult to establish feasible vocational goals.

4. Clients who do not meet acceptable standards regarding general employability behaviors are good candidates for work evaluation. This evaluation should focus on whether the client:

   a. Shows up for work regularly.
   b. Shows up for work on time and returns from breaks on time.
   c. Develops satisfactory relationships with co-workers at the work sites (does not tease or badger other workers, does not seek sympathy or special consideration from other workers).
   d. Can develop a sound working relationship with work supervisors (asks enough questions to understand an assignment, capable of shifting from one assignment to another, etc.).
   e. Can attend to a task so as to produce at an adequate speed, level, and quality.

Elaboration by Trainer

The purpose of vocational evaluation for clients deficient in general employability behaviors is to pinpoint specific deficiencies in the client's work personality (such as inappropriate responses to supervision) that should be addressed in work adjustment training. An appropriate vocational evaluation unit for specifying deficiencies in general employability behavior would contain a work or quasi-work area where the client's work personality can be directly observed. This aspect of work evaluation is usually referred to as the situational approach. Used for evaluation behaviors, the situational approach assesses the client's ability to (1) accept supervision, (2) get along with co-workers, (3) sustain productivity for eight hours, and/or (4) tolerate frustration. The situational approach helps to identify inappropriate client work behaviors thus "permitting prescriptions for work adjustment programming" (Bitter, 1979, p. 165-166).

5. Properly prepare the client for referral to vocational evaluation. Topics to be discussed include:

   a. Why vocational evaluation is needed.
   b. What experiences will be involved.
   c. What information will result.
   d. Where, when, and by whom the evaluation will be conducted.
   e. How long the evaluation process will last.
   f. What housing and transportation arrangements must be made.
   g. Who will pay for the evaluation.
   h. That the client will not be in competition with other clients at the evaluation unit.

Elaboration by Trainer

Ask trainees if there are any other topics which should be discussed.

6. Provide the vocational evaluation unit with relevant medical and social-vocational history information on the client.

Elaboration by Trainer

In order to plan their evaluation of the client, vocational evaluators need to understand the client's social-vocational and medical history. In compiling client background material for the evaluator, the rehabilitation counselor can identify those information gaps that the vocational evaluator might help fill.

7. Make clear to the vocational evaluation unit the type of feedback needed on client work adjustment.

Elaboration by Trainer

Direct trainees to page 34 of their Workbook for a list of the type of information to request.

8. Expect a functional vocational evaluation report from the vocational evaluator.

Elaboration by Trainer

A recommendation such as "The client needs two months of work adjustment training in a sheltered workshop" is of limited use to both the rehabilitation counselor and the work adjustment trainer. In contrast, an adequate report would be characterized by the following type of recommendation (taken from **Materials Development Center MDC Behavior Identification Format,** 1974, pp. 1-2.):

> It is recommended that this client enter work adjustment training which should focus on achieving the following objectives: (a) improved grooming with emphasis on regular bathing and dental hygiene, (b) recognition and acceptance of supervisors as authority figures rather than "buddies", (c) elimination of personal and physical complaints in order to gain attention.

Turn to page 35 of the Participant's Workbook for a model format for work evaluation reports. Discuss the various sections of the report. Ask participants to compare the model form with the vocational evaluation reports they receive.

Practice in Applying Phase IV Guidelines

Exercises in Phase IV enable participants to develop a set of referral questions for Melinda's vocational evaluator and to critique the subsequent vocational evaluation report.

Exercise 1. After participants have read the profile of medical results from initial services to Melinda (see page 36 of the Participant's Workbook), have them divide into groups of three. Each group is to develop a list of referral questions for the vocational evaluation of Melinda (page 37 of the Participant's Workbook). Then hand out the list of vocational evaluation referral questions on Melinda (page 44 of the Trainer's Guide). Discuss these questions as a total group and develop an optimal set of referral questions for Melinda.

Exercise 2. In small groups of three, have participants read and critique the vocational evaluation report for Melinda (see page 4 in Melinda's case file). Again a format for reviewing the adequacy of Melinda's vocational evaluation is provided on page 35 of the Participant's Workbook. Ask participants to record their observations on page 38 of the Participant's Workbook. Discuss Melinda's report in general as well as its specific strengths and limitations in each of the areas listed on page 35 of the Participant's Workbook.

Referral questions for Melinda's Vocational Evaluator that should be considered:

1. To what extent does Melinda's arthritis physically limit her capacity for work in regard to:
   a. Hand functioning?
   b. Standing and walking?
   c. Overall physical tolerance?
2. Is there any evidence of additional disabilities or handicaps?
3. What job tasks fatigue Melinda? How many hours a day can Melinda work? At what types of tasks?
4. What are Melinda's aptitudes for work?
5. Are any adjustment problems present that could impair Melinda's vocational functioning and success?
6. How appropriate is cosmetology as a vocational goal for Melinda?
7. What other jobs available in the community would provide Melinda with some of the work satisfaction which she received as a cosmetologist?
8. Would wig styling be a realistic occupation for Melinda?
9. Does Melinda have any avocational interests that would suggest vocational alternatives?
10. What vocational rehabilitation service would be recommended?
    Counseling
    Medical
    Training
11. What jobs could Melinda continue in even if her condition deteriorated?
12. On her best days, what type of physical functions, work tasks, and work pace could Melinda maintain? How did this change on her worst days?

Phase V

Processing Client Evaluation Data

Processing Client Evaluation Data

Purpose of Phase V

The purpose of Phase V is to sharpen the counselor's information processing skills. The counselor must utilize the accumulated client information for determining potential vocational objectives and necessary rehabilitation services. The more effective counselors are in processing client information the better prepared they will be to involve the client in rehabilitation planning. The relationship between effective counselor information processing and joint counselor-client goal-setting can be seen in the Crux Model (see page 39 of the Participant's Workbook).

Guidelines for Effective Processing of Client Evaluation Data

Page 43 of the Participant's Workbook

1. Have sufficient evaluation information to discriminate between inappropriate and appropriate vocational objectives for the client.

Elaboration by Trainer

In other words, counselors should have the information called for on the Information Processing Summary Form on page 44 of the Participant's Workbook (Go over the Summary Form with the participants). An outline to guide the completion of the Information Processing Summary Form is presented on pages 45 and 46 of the Participant's Workbook.

2. Rehabilitation service availability should be taken into consideration when determining appropriate client vocational choice alternatives.

Elaboration by Trainer

Rehabilitation services help clients overcome limitations in the physical, psychosocial, educational-vocational, and economic areas. Hence, the availability of services plays a major role in determining feasible vocational objectives for clients.

3. Rather than attempting to match the client with a job title in general, focus on specific jobs within the community. For example, would a client trained in small engine repair be more successful at Sears or Joe's Fix-It Shop?

Elaboration by Trainer

The counselor should know how variations in the following job characteristics might affect the client's vocational performance and success:

Supervisory practices
Work climate
Financial stability of the employer
Employee wage and benefit practices
Accessibility
Advancement opportunities

Practice in Applying Phase V Guidelines

The exercise in Phase V involves participants in vocational analysis and information processing. In the exercise, participants select feasible vocational objectives for Melinda and build a diagnostic rationale and service program for each goal.

Exercise. Processing Client Information. Evaluation information regarding the client's economic situation and physical, psychosocial, and educational-vocational strengths and weaknesses must be considered in relation to vocational objectives. The counselor must then review the rehabilitation services required to enable the client to achieve the vocational objectives. This procedure can be illustrated with the case of Melinda.

1. Divide the total group into six groups of equal size. Have each small group complete an abbreviated Information Processing Summary Form for Melinda (page 47 of the Participant's Workbook). In order to do this exercise, participants will need to select a feasible vocational objective for Melinda. If necessary, participants may review Melinda's intake interview summary, medical report, and vocational evaluation, but they should not review any material in her case file beyond the vocational evaluation.
2. Divide the total group into larger groups of six. Each group of six will now have as many as three vocational alternatives for Melinda. Have each group discuss the alternatives and then rank order them from most to least optimal. Call time after 20 minutes.
3. Reconvene as a total group and elicit group consensus regarding the three best vocational alternatives for Melinda. Divide the board into rows dealing with physical, psychosocial, educational-vocational, special considerations, and rehabilitation services and columns representing the three most feasible vocational goals for Melinda suggested by the total group discussion (See Figure 1 for example). Elicit participant comments for purposes of filling in each box of the grid and, thereby, providing the diagnostic documentation for each vocational goal. End the discussion by seeking group consensus regarding the rank order of the jobs on the board from most to least optimal.

Figure 1

Vocational Goals	1	2	3
Physical			
Psychosocial			
Educational-Vocational			
Special Considerations			
Rehabilitation Services			

4. Have the total group compare the information generated on the board with the Information Processing Summary Form completed by Melinda's counselor (see pages 7 and 8 in Melinda's case file). Discuss similarities and differences in the two sets of information.

Comments on Exercise

Participants will enjoy collaborating on the development of a diagnostic profile and the selection of feasible vocational goals for Melinda. For the most part, they will agree with the diagnostic rationale and the first two tentative vocational objectives suggested by Melinda's counselor. If the exercise develops as it has in the past, participants will have serious reservations about Melinda becoming a cashier (excessive physical and work load demands). Allow the group time to discuss aspects of cashiering which are incompatible with Melinda's capabilities and interests.

Phase VI

Joint Counselor/Client Rehabilitation Planning

Joint Counselor/Client Rehabilitation Planning

Purpose of Phase VI

The rehabilitation counselor must actively involve the client in selecting appropriate long-term rehabilitation goals and intermediate objectives. Meaningful participation in the rehabilitation planning process should enable the client to select an occupation that is compatible with personal needs and abilities. The purposes of this training phase are:

1. To increase the counselor's ability to help clients consider and set vocational goals.
2. To present interview aids which facilitate client involvement in rehabilitation planning.
3. To enable trainees to strengthen their ability to complete the IWRP.

Guidelines for Joint Counselor/Client Rehabilitation Planning

Page 51 of the Participant's Workbook

1. Developing vocational goals is a process rather than an event.

Elaboration by Trainer

Since information on the client, the job, and the job market must be discussed by the client and counselor, vocational decisions evolve slowly. Important factors the client must consider include (a) ability to perform the potential job, (b) intrinsic and extrinsic satisfaction of the job, (c) physical accessibility of the job, (d) mobility restrictions, (3) attitudes of family and friends toward the job, and (f) employment opportunities in the local job market.

2. Guide the client through the steps of decision-making.

Elaboration by Trainer

For clients to gain most from vocational counseling, they should:

1. Define the problem (e.g., I need to choose an occupation).
2. Generate alternatives.
3. Gather information.
4. Process information.
5. Select goals and make plans.
6. Implement and evaluate plans (Bergland, 1974, p. 357).

3. The Information Processing Summary Form can be used to facilitate client self-analysis for purposes of choosing a job.

Elaboration by Trainer

Rehabilitation planning begins with the client's exploration of two significant areas: (a) evaluation results pertinent to his/her vocational plan and (b) vocational areas of potential interest. Through the use of the Information Processing Summary Form (see page 44 of the Participant's Workbook), the counselor helps the client consider evaluation data and occupational alternatives. Presenting a summary of client data (physical, psychosocial, educational-vocational, and special considerations) in relation to vocational alternatives, the Information Processing Summary Form provides a basis for client goal-setting.

4. Making a vocational choice involves weighing the pro's and con's of several alternatives. The best choice, relatively speaking, is the vocational objective offering the client a maximum of personal gain and a minimum of personal loss. Gains and losses can be analyzed in the following areas (Direct participants to the Balance Sheet, page 52 of the Participant's Workbook):

Gains and losses for self: income, difficulty of work, client interest in the work, freedom to select work tasks, chances of advancement, security, and time available for avocational pursuits.

Gains and losses for others: income for family, status for family, time available for family, type of environment for family, fringe benefits for family, and ability to help an organization or group.

Social approval or disapproval: response of others (parents, friends, wife or husband, colleagues or co-workers, community at large, and social, political or religious groups) to the client if he/she were to choose a particular job.

Self-approval or disapproval: client reaction (self-approval or disapproval) to the job alternative; e.g., self-esteem from contributing to good causes, judgment that work tasks are ethically justifiable or, to the contrary, involve compromising oneself, creativeness or originality of work, and opportunity to fulfill long-range life goals (Janis and Mann, 1977, p. 151).

Elaboration by Trainer

The Balance Sheet (Mann, 1972) facilitates client comparison of a few vocational alternatives in terms of gains and losses for self, gains and losses for others, approval or disapproval by others, and self-approval or disapproval. Some clients may be capable of completing this form and even rating the importance of each gain or loss on a 1 to 5 scale (the higher the rating the more important the factor). With other clients, the counselor may only wish to discuss the various areas of gain and loss as they pertain to the client's vocational objectives. Finally, for some clients, the counselor should use the Balance Sheet only to direct his/her thinking to some important issues which should be considered in the process of selecting a vocational objective.

5. The vocational objective which the client and counselor select should guide the development of the rehabilitation plan; specifically, the identification of concrete subobjectives which must be accomplished to reach the vocational goal.

Elaboration by Trainer

Having jointly determined the vocational goal, client and counselor must identify intermediate service objectives through a discussion of the client's needs in the following areas:

1. Medical condition (Physical)
2. Personal problems (Psychosocial)
3. Educational-vocational training
4. Special considerations

Each area can contain one or more intermediate objectives which must be attained in order to reach the vocational rehabilitation goal. An example of a worksheet that could be used for recording the client's views regarding intermediate rehabilitation objectives is provided on page 53 of the Participant's Workbook. For example, under Medical Condition the client might say "control varicose veins and bronchial infections." After discussing those objectives, the client and counselor may agree that what is needed is a reduction in the frequency of leg pains and bronchial infections. They should then discuss the steps involved in achieving those intermediate objectives; e.g.,

1. Make an appointment with Dr. Smith and ask about implications of varicose veins for (a) working (standing and sitting) and (b) future treatment needs.
2. Make an appointment with Dr. Brown and ask about respiratory condition, treatment needs, and effects on ability to do office work.

Needs in the personal problem (psychosocial), educational-vocational training, and special consideration areas can also be broken down into intermediate rehabilitation objectives, behavioral statements of those objectives, and the specific steps required to reach the objective. Hence, discussion of client needs can lead to clarification of (a) intermediate objectives, (b) the steps that must be taken to accomplish these objectives, and (c) the order in which the steps must be taken.

6. Concretely stated intermediate objectives facilitate goal attainment by specifying what the client must do to achieve the vocational goal.

Elaboration by Trainer

Appropriate intermediate objectives state the action or behavior the client is expected to be capable of; the extent, level, or amount of the desired behavior; and the date by which the client should be able to perform the desired behavior. These objectives provide reasons for including the various rehabilitation services in the client's rehabilitation program. Examples of intermediate objectives can be seen in the Participant's Workbook (page 54).

7. Rehabilitation services should be selected to accomplish the program's intermediate objectives and vocational goal.

Elaboration by Trainer

In attaining each of the intermediate objectives, the client is taking steps necessary for accomplishment of the vocational goal. In the previous examples of intermediate objectives, the services required for the client to attain the objectives might be:

Physical - medical treatment to prevent recurrence of bronchial infections.
Psychosocial - family counseling.
Educational-vocational - purchase of training from local business school.
Placement - job seeking skills training.
Economic - maintenance, SSI, AFDC.

Practice in Applying Phase VI Guidelines

Techniques for choosing a vocational goal, eliciting client concerns, and behaviorally defining intermediate objectives are introduced in the exercises of Phase VI. The Balance Sheet (Exercise 1) provides a systematic procedure for helping clients select a vocational goal. Exercise 2 focuses on determination of client concerns or intermediate rehabilitation objectives that must be achieved before the employment goal can be reached. Exercises 3 and 4 introduce the counselor to techniques for stating client intermediate rehabilitation objectives in behavioral terms.

Exercise 1: Development of the Balance Sheet. The Balance Sheet exercise facilitates comparison of vocational alternatives for decision-making purposes. Clients who already have a feasible vocational objective in mind would not need to do this exercise. However, other clients like Melinda need some way to compare the merits of several vocational alternatives. For example, after a discussion with her counselor, Melinda decided to examine the personal gains and losses associated with three vocational alternatives—beautician, motel desk clerk, and receptionist.

Have participants complete the Balance Sheet Exercise (page 55 of the Participant's Workbook) and discuss their results in small groups of three. After the groups have discussed their Balance Sheet, ask them to review Melinda's Balance Sheet (in her case file). Review as a total group the similarities and differences in the two Balance Sheets. List any additional observations the participants made which should be included on Melinda's Balance Sheet.

Exercise 2: Eliciting Client Intermediate Rehabilitation Objectives (pages 56-57 of the Participant's Workbook). Another important step to take before writing a rehabilitation plan involves eliciting client concerns or intermediate rehabilitation objectives in medical, personal problems, educational-vocational, and special consideration areas, e.g., finances, housing, etc.

Have participants review in groups of two the Information Processing Summary Form for Melinda and jointly complete the client Intermediate Rehabilitation Objectives Form for her assuming that she has decided to become a receptionist. Then have participants compare the contents of their list with the one Melinda completed. Ask for group discussion regarding the following:

1. How did your list compare with Melinda's?
2. Are any additions or deletions required for Melinda's list?

Exercise 3: Developing Behavioral Objectives. Exercise 3 introduces participants to guidelines for writing behavioral objectives. Ask participants to complete the activities on pages 58-59 of the Participant's Workbook. After participant's have completed the exercise, discuss reactions in the total group.

Exercise 4: Applying Behavioral Objective Writing. Refer participants to page 60 of the Participant's Workbook for this exercise. Have each participant complete step 1 and then move to groups of three to develop a composite list of behavioral objectives for Melinda (step 2). Step three involves the small groups in a comparison of their composite lists with the behavioral objectives developed by Melinda's counselor. Facilitate total group discussion of the similarities and differences between the behavioral objectives in Melinda's case file and those written by the small groups.

Conclusion

Training Process Overview

The goal-setting training program has presented the skills of information collection, diagnostic information processing, and client involvement in rehabilitation planning. Information collection occurs during the evaluation phases—intake, medical, psychological, and vocational—and enables the counselor to develop a profile of the client's strengths and weaknesses during the information processing phase. This profile of the client's evaluation data provides a sound foundation for client/counselor consideration of feasible vocational rehabilitation objectives. An overview of these phases of the rehabilitation process and of the goal-setting training is presented on page 63 of the Participant's Workbook. (Review the training overview with participants.)

As is evident in Table 1 (pages 5-6 of the Participant's Workbook), considerable data is needed to evaluate the effects of physical, psychosocial, educational-vocational, and other factors on client functioning. To gather this information, the counselor must make effective use of the intake interview, examining physicians, psychologist, and work evaluator. Counselors must then be able to integrate information from these sources and present this synthesis so as to facilitate client involvement in the vocational choice and rehabilitation programming process. A brief review of guidelines for performing these rehabilitation counseling functions is presented in the Participant's Workbook. (Ask participants to review pages 64-65 of the Participant's Workbook. Discuss any participant questions or comments regarding the guidelines.)

The Guidelines in Action

The guidelines for effective counselor behavior presented in the goal-setting training have followed the Crux Model (See page 66). The counselor collects and processes client information as it pertains to tentative vocational goals. The resulting evaluation profile of the client provides a foundation for mutual client/counselor involvement in case planning.

This process can be reviewed specifically by returning to the case of Shirley Steed. Shirley was introduced early in the training and again in the discussion of the psychological evaluation. By this time, Shirley's counselor has completed all phases of the evaluation process (intake, medical, and psychological) as well as the information processing step. (Ask participants to review Shirley's Information Processing Summary Form on page 67 of the Participant's Workbook.)

Note to Trainer

Information Processing Summary Form. Present the Information Processing Summary Form for Shirley. Note that Shirley had only one vocational goal which simplified the preparation of the Summary Form. The Information Processing Summary Form provides a diagnostic rationale for Shirley's vocational goal as well as information relevant to any inappropriate vocational objectives suggested by Shirley. The counselor also noted the rehabilitation services Shirley needs to reach her vocational goal.

Now let's look at how the counselor moved from the Information Processing Summary Form to involving Shirley in the various steps of case planning.

Note to Trainer

1. **Client Intermediate Rehabilitation Objectives.** Present the Client Intermediate Rehabilitation Objectives form. Indicate that discussion between Shirley and her counselor identified several concerns in the medical condition, personal problem, educational-vocational training, and special consideration areas. These needs can be translated into meaningful intermediate objectives for the rehabilitation program.
2. **Vocational Goal and Intermediate Objectives.** Present Shirley's vocational goal and intermediate objectives. Point out that they follow the basic principles of writing behavioral objectives: i.e., behavior; level, frequency and/or duration; and deadlines are present.
3. **Rehabilitation Plan (IWRP).** Shirley is now working at Western Insurance and Casualty Company in the agent's accounting department. Her path to that job is outlined on the IWRP presented on pages 70-72 of the Participant's Workbook. Ask participants to critique Shirley's IWRP; encourage group discussion of Shirley's program, particularly the rationale for the vocational goal and the intermediate objectives. Relate group discussion of the IWRP to the guidelines presented during the training and to the information processing form and interview aids completed by Shirley and her counselor.

Participants have now learned how Shirley's rehabilitation program ended. Emphasize that Shirley's counselor followed the steps outlined in the goal-setting training and, as a result, developed a sound diagnostic foundation for the IWRP. Shirley then participated in the formulation of key aspects of the IWRP; namely, the selection of a vocational goal and the identification of intermediate objectives. The development of Shirley's program followed the guidelines of Goal-Setting Training. Elicit participant comments regarding the ways in which they might apply these goal-setting guidelines in their own counseling. Make any closing comments and ask participants to complete an evaluation of the program (see Appendix B of the Trainer's Guide for a sample evaluation form).

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Appendix A

Typescript for Tape/Slide Presentation on Case of Melinda Bracken

Selected Intake Interview Interactions from the Case of Melinda Bracken

Typescript of Tape/Slide Presentation

1. **Co:** Hi, come in. My name is Harry Smith. How are you doing?

   Cl: Fine, thank you. I'm Melinda Bracken.

2. **Co:** Melinda, what brings you to my office?

   Cl: Well, I went to see this Doctor Calhoun and he said that I should come over and talk to you people cause I need some medical assistance and I need to get my beautician's license and we just can't afford either.

3. **Co:** You have some costly medical problems?

   Cl: Yeah, uh, well, I'd come up from Boontown and the doctor says get in touch with somebody up here right away . . .

4. **Co:** Uh-huh.

   Cl: for my diabetes. So I did, well, then I kept coming like every two weeks because my blood sugar was so high.

5. **Co:** I see. How is it now?

   Cl: It's still pretty high, it runs high most of the time. I stay on a 2400 calorie diet and take 50 units of insulin every day but it still stays high.

6. **Co:** Uh-huh.

   Cl: I was going to the Family Practice Clinic, and, of course, they don't work for no money. Like I went there in September, October, and November and the whole bill came to 191 dollars for the treatments.

7. **Co:** Um.

   Cl: That's just for doctor and blood tests and that. That's not for, uh, insulin.

8. **Co:** Your medical treatment is really putting financial pressure on you. I see by the way you are sitting in your chair that you must feel pretty depressed.

   Cl: Yes. I guess I am.

9. **Co:** When you walked in I could tell just by the way you walked and moved that you were pretty down about something. Tell me more about your diabetes.

   Cl: I have had it about 5 years, but I also have arthritis. You see I developed arthritis when I was 20 years old and have been in and out of hospitals quite a bit for my arthritis and have had surgeries and everything.

10. **Co:** How old are you?

    Cl: I'm 29.

11. **Co:** You've had arthritis for about 9 years then.

    Cl: Yes.

12. **Co:** Could you tell me something about the problems you've had with your arthritis?

    Cl: Uh, well sometimes it prevents me from standing a lot, going up and down the stairs bothers me.

13. **Co:** Has this been the case for the last 9 years?

Cl: Yes, but it got very bad about 5 years ago. I couldn't even walk. I was in and out of the hospital, I had surgeries and everything.

14. **Co:** Mm-hm. You look sad when you talk about it.

Cl: Well, it's better than what it was then.

15. **Co:** What did you have surgery on at that point?

Cl: Well, they did surgery on my hand, first the one hand, then I was in again, they did the other hand.

16. **Co:** Uh-huh.

Cl: And I had both of my feet done.

17. **Co:** And this has helped substantially?

Cl: Quite a bit, except my feet. I'm disgusted with it.

18. **Co:** Oh?

Cl: They did surgery and it turned out just the same as it was before.

19. **Co:** Uh, I see.

Cl: But my hands, they turned out real good. But now the arthritis has moved into my finger joints.

20. **Co:** I see. You mentioned beautician's license earlier. I assume you've gone to beautician's school.

Cl: Well, I went to beautician school three years ago in Boontown.

21. **Co:** Tell me about it.

Cl: I completed the course and I got my Indiana license.

22. **Co:** Okay. And, what did you do after getting your license?

Cl: I, just, uh, worked part-time at Mr. J's Beauty Shop for a couple of months, during Christmas. And then just four days at another place cause there was no business.

23. **Co:** Uh-huh.

Cl: It's the only two places I worked.

24. **Co:** What do you think about the beautician work now?

Cl: I like it. I like the social part of the job and I like trying to create good-looking hairdos for women.

25. **Co:** Uh-huh. I can see you enjoy it. Your face sorta lights up and glows as you talk about it.

Cl: Yes, but there's no jobs. I really enjoy it though.

26. **Co:** So it's something you'd like to stay in.

Cl: Yeah, I think so.

27. **Co:** What about the arthritis in your hands and feet as it related to your job as a beautician? Did that create problems for you?

Cl: Well sometimes it bothers me, like on Fridays or Saturdays, if you're pretty busy, then you have to stand all day long. And then it bothers me, like earlier in the week when it is slow, you get a chance to sit down now and then.

28. **Co:** In other words, you have more of a problem with your legs and your feet.

Cl: Yeah (inaud.) . . .

29. **Co:** How about your hands though?

Cl: My hands don't bother me too much unless I do too much.

30. **Co:** But you . . .

Cl: And usually when I set hair, it didn't bother me.

31. **Co:** How about now? Any problems with any of a beautician's duties like washing hair, putting it in rollers, and such?

Cl: That's hard, washing the hair cause you got to walk. That's hard. But the putting in rollers and clips, it ain't nothing. I don't, it never bothered me.

32. **Co:** You can do it as fast as the other girls?

Cl: No.

33. **Co:** Slower, more slower then?

Cl: I got my own way of doing it, of doing things.

34. **Co:** Yeah.

Cl: There is a certain way you're supposed to wrap a permanent, and then I got to do it my own way.

35. **Co:** Uh-huh.

Cl: Or I can't use all my fingers for the things you're supposed to use . . . that's why I'm slower, I could do it . . .

36. **Co:** Uh-huh.

Cl: But I'm slower.

37. **Co:** Uh-huh. In other words, what you do, uh, how you handle the time or the rollers is different . . .

Cl: Right.

38. **Co:** But the end result is the same.

Cl: Right.

39. **Co:** How do you feel when doing it that way?

Cl: I felt comfortable doing it . . .

40. **Co:** Well, what I'm wondering you see, is whether the right thing is to continue on with your beautician work and license or rather should we look to some other area which would involve less use of your hands.

Cl: But what else is there that you don't use your hands in?

41. **Co:** Yea, we may have to give that some thought.

Cl: Well, I think I could do a good job as a beautician.

42. **Co:** Mm-hmm. I hear you saying you would like very much to be a beautician. It's something you really enjoy.

Cl: If I could find a job.

43. **Co:** Have you looked for a beautician's job around this area?

Cl: Yeah, I've been looking in the papers and there hasn't been anything.

44. **Co:** Uh-huh.

Cl: There was one, oh, I'd say, about three months ago, but it was way, way out in a town 40 miles from here.

45. **Co:** Uh-huh.

Cl: And, well, without a car I wouldn't have been able to get there.

46. **Co:** Yeah. And would you be licensed in this state then?

Cl: I'd have to go to the state capital and take my test.

47. **Co:** I see.

Cl: It would cost a little money.

48. **Co:** Tell me what would be involved in your getting your license and how much it would all cost.

Cl: Well, I'd have to take a bus to the capital and bring a model with me and pay her way. You got to stay over night cause you got to be there like 8:00 in the morning. And you got to have your meals and then you got to have your license fee. The license fee, I think is 15 dollars for this state. I had the papers and I threw them out. So now, I have to send for the papers all over again. Cause I got to get a signature from where I went to school and get a signature from two employers where I worked and then send them back and then they'll send me a date when I can take the state boards cause they only have them every so many months.

49. **Co:** Okay, so it would not cost a large amount, maybe about 100 dollars.

Cl: Right, and that's more than I can afford now.

50. **Co:** Ok. So you need money for medical treatment and to cover your expenses in getting your beautician's license.

Cl: Yes.

51. **Co:** Ok. Let's go right to your application and get all this paper work going before our time runs out today. I'm sure you are anxious to find out what we can do.

Cl: Oh, yes.

52. **Co:** Ok, let's start with your educational background. Tell me about it.

Cl: I graduated from high school and got married a month later.

53. **Co:** How did you do in high school?

Cl: Oh, I was about average. Most of my grades were B's and C's.

54. **Co:** Sounds like you did a little above average. What were your favorite subjects?

Cl: I liked home economics, bookkeeping, and typing the best.

55. **Co:** I imagine that typing would be tough for you now.

Cl: I can't do typing anymore. I can't touch my fingers to the keys, I tried it.

56. **Co:** A few minutes ago you mentioned having had two brief jobs as a beautician. Tell me about any other types of jobs you had in the last year.

Cl: I worked for a fast food hamburger restaurant for about a month.

57. **Co:** How did you like that job?

Cl: It was okay, but I didn't earn much money, only $1.75 an hour and it was bad for my health.

58. **Co:** Oh?

Cl: Yeah, the night work messed up my meals, you know. I'm supposed to eat at certain times.

59. **Co:** Really messed up your blood sugar level then.

Cl: Yeah. It didn't work too well.

60. **Co:** What did you earn on that beautician's job?

Cl: Not very much. The most I earned was $50.00 a week.

61. **Co:** What about your present family situation? You mentioned that you are married. Tell me a little more about your family.

Cl: I have a ten year old daughter and a three year old son.

62. **Co:** Keeps you pretty busy.

Cl: Oh, yes.

63. **Co:** I imagine that it will be pretty tough taking care of your family and working at the same time.

Cl: Well, I have a lot of medical expenses and with arthritis and diabetes it seems like I can't ever catch up.

64. **C:** What about your husband, is he employed?

Cl: Yeah, he is a construction worker.

65. **Co:** What does he earn?

Cl: He gets paid about $150.00 per week, but he spends a lot of that money on liquor.

66. **Co:** He drinks a lot, huh?

Cl: Yeah, he usually starts drinking on Friday night and drinks all weekend. Sometimes he's in such bad shape on Monday morning that he misses work.

67. **Co:** It sounds like you're not too happy with him lately.

Cl: Well, if he keeps drinking, I am going to have to leave him.

68. **Co:** Mm-hm.

Cl: That's one of the big reasons why I have to get a steady job. Even now I don't have enough money to pay our bills. He gives me money for groceries, and pays rent and utilities, but my medical bills have been going unpaid.

69. **Co:** Sounds like you're under quite a bit of stress.

Cl: Yeah I sure am. He said if I leave him he will not help me support the children.

70. **Co:** Tough situation to deal with.

Cl: It sure is.

Appendix B

Evaluation Form

Participant Evaluation of Trainer

Trainer's Name _____ Title of Training _____

Date _____

Directions: Please answer the following questions as honestly and completely as possible. We request this information so that the trainer may receive feedback which will allow him/her to improve his/her training methods. Do not put any identifying marks on this form. Thank you.

1. Rate the **trainer** on the following:	very poor	poor	average	good	superior
How well did s/he introduce the training and its objectives?					
How well was s/he prepared to conduct this program - had s/he done her/his homework?					
How well did s/he manage the training in terms of moving the group, getting started on time, etc.?					
How well did s/he present the material in a concise and understandable manner?					
How well did s/he demonstrate enthusiasm throughout the program?					
How well did s/he encourage, praise, or otherwise reinforce participant's contribution?					
How well did s/he maintain a respectful and helpful manner?					
How well did s/he recognize and accept feelings of group members?					
How well did s/he communicate to you the freedom to question the concepts and to express your ideas?					
How well did s/he summarize and clarify major points?					
How well did s/he maintain the interest of the group?					
What **overall** rating would you give the trainer?					

2. Point out two things you believe the trainer should work on to improve herself/himself as a trainer.

A. _____

_____

B. _____

_____

3. Additional Comments (If additional space is needed, use back of this sheet):

4.

	not at all	somewhat	average	very much	extremely
How relevant is this training package for rehabilitation counselors?					
How well does this training package address itself to actually preparing rehabilitation counselors to improve their day-to-day work performance?					
How well organized is the training material in this package?					
How well balanced is the training package in regard to lecture, individual, small group, and large group activity?					
How stimulating or interesting are the program and material?					

5. List the major strengths of the training.

6. List the major weaknesses of the training.

7. What changes (additions, deletions, modifications) do you recommend for the program?

(If additional space is needed, use back of this sheet.)